

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014676

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 165

FILED MAY 1 1962

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Jefferson City

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Cole

admission)

c. CITY
OR
TOWN

Jefferson City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1311 Cottage Lane

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Charles

First

Middle

Last

Snellen

4. DATE

Month

Day

Year

OF
DEATH

April

21-1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

11/9/1890

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Serviceman Light Co.

10b. KIND OF BUSINESS OR INDUSTRY

Light Co.

11. BIRTHPLACE (City and state or country)

Elston Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Luke Snellen

13b. MOTHER'S MAIDEN NAME

Amanda Bowman

14. NAME OF HUSBAND OR WIFE

Ethel Julia Snellen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

Yes

(If yes, give war or dates of service)

1st. World War

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ethel Julia Snellen 1311 Cottage Lane

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

Unknown

DUE TO (c)

Generalized arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Patient dead on viewing at Emergency Room, Memorial Hosp.

PART III. If deceased, was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

Hour

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw him alive on (did not see alive)

Death occurred at 1230 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

Donald Snellen M.D.

22b. ADDRESS

521 E. High Jefferson City Mo.

22c. DATE SIGNED

April 23, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/24/62

23c. NAME OF CEMETERY OR CREMATORY

Riverview

23d. LOCATION (City, town, or county)

Jefferson City,

Missouri

24. FUNERAL DIRECTOR

Donald P. Freeman

ADDRESS

915 Madison

25. DATE RECD. BY LOCAL REG.

24 April 1962

26. REGISTRAR'S SIGNATURE

R. Harris, M.D. M. Ricketts, Jr.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

0269

0269

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94200

10

11

123-0

13-0

MS MAY 2 1962

MAY 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald P. Freeman

Licensed Embalmer No. 4622

P. O. Address J. P. Moore

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.